

## 1. Incisions and Dissections

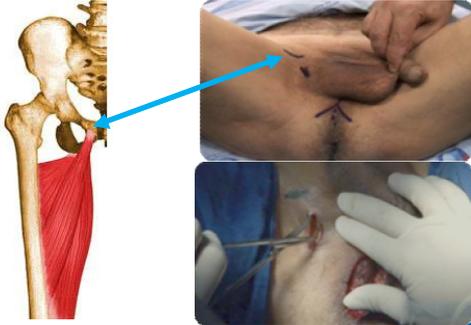
**Perineal:** Vertical. 5-7 cm centered at the inferior border of pubic bone. Keep intact the bulbospongiosus muscle and the central tendon.



Identify the angle formed by the bulbospongiosus muscle and the crura.

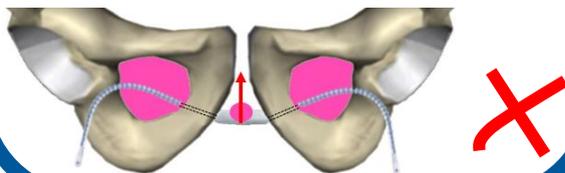
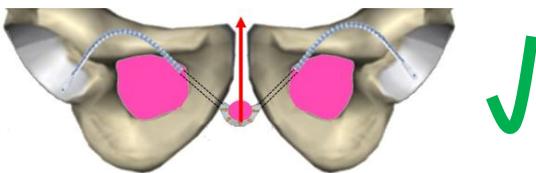


**Transobturator:** Bilateral. 3 cm length, 2 or 3 cm below the insertion of the adductor longus muscle. Do not incise the external obturator muscle fascia.



## 2. Needle entry point

Introduce the needle at the transobturator incision (2 or 3 cm below the insertion of the adductor longus muscle). With a rotational movement, the tip of the needle should exit at the angle previously described in dissection.



## 3. Control Cystoscopy

After passing the two needles, a control cystoscopy can be performed to rule out bladder or urethra perforations. 70° angle cystoscope is recommended.



## 4. Implant placement

Argus-T system attachment to the needles should be done with care and avoiding any mechanical damage to the fixation arms material.



Pull backwards the needles symmetrically to put the implant in place. The sub-urethral pad must be in contact with bulbospongiosus muscle at the level of the bulbar urethra. Do not apply any tension on the system yet.



Put the Fixation/Adjustment rings on the fixation arms and place them in contact with the external obturator muscle fascia.

Important: Argus-T system is placed without any tension at this moment, just gently in contact with the bulbospongiosus muscle. No stress on the system at this stage.



## 5. Retrograde Adjustment Pressure (RAP)

Ruler is located over a pole with zero at the level of bladder neck.



Use a cysto sheath connected to a bottle (saline solution) puncture the bottle with an injection needle to allow air to go inside the bottle. Connecting tubing must have a dripping chamber.



Measure the base line for the RAP, with Argus-T just in place without any tension on the system.



To register the baseline RAP, move the bottle downwards slowly. The baseline RAP mark is the upper level of saline solution inside the bottle when the dripping stops.



The target RAP should be 10 – 15 cm H<sub>2</sub>O higher than the baseline. Usually final measurement is 30 cm H<sub>2</sub>O approx.  
If fix tension increase is needed, fix the rings and pull the fixation arms out two cones symmetrically.  
**Important:** target RAP must be achieved with a loose fit manner. Argus-T system should not be over tighten while achieving the target RAP.

## 6. Suturing incisions

Perineal: is closed in multiple layers



Transobturator: the fixation arms are then placed in the pre-pubic area in a subcutaneous tunnel using the transobturator needles, as deep as possible, upwards and parallel to the inguinal fold towards the midline, and not under the inguinal fold. Then the excess of fixation arm is cut.



Bind the fixation arms over the external obturator muscle fascia using non-absorbable suture without any tension on them.



Close the transobturator incision in same way than the perineal incision.